

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, N.W.
Washington, D.C. 20307-5001

WRAMC Regulation
No 40-92

1 June 2002

Medical Services
PATIENT CARE COMMITTEES, BOARDS, AND COUNCILS

TABLE OF CONTENTS

1. General	PAGE
History	1
Applicability	1
Purpose	1
References	1
Responsibilities	1
Policies	1
Procedures	1
 2. Committees	
Blood Usage Committee	2
Cancer Care Committee	4
Cardiopulmonary Resuscitation Committee (CPR)	6
Case Review Committee	8
Clinical Investigation Committee	10
Credentials Committee	11
Executive Committee of the Medical and Administrative Staff (ECAMS)	13
Governing Body	15
Hospital Ethics Committee	17
Hospital Supply and Equipment Committee	19
Infection Control Committee	21
Information Management Guidance Council (IMGC)	23
Medical Center Safety Committee	25
Medical Library Committee	27
Medical Records and Forms Review Subcommittee	29
Patient Care Assessment Committee	31
Patient Safety Committee	33
Performance Improvement Risk Management (PI/RM) Advisory Group	35
Pharmacy & Therapeutics Committee	37
Professional Education and Training Committee	40
Provider Health Program	42
Quality Outcomes Committee	44
Rabies Advisory Board	46
Radiation Control Committee	47
Special Care Unit Council	50

* This regulation supersedes WRAMC Regulation 40-92, 1 September 1999.

1. History

This issue publishes a revision of this regulation because this regulation has been revised.

2. Applicability

This regulation applies to all components of the hospital element of Walter Reed Army Medical Center (WRAMC).

3. Purpose

This regulation establishes a reference containing all standing committees, boards and councils concerned with patient care at Walter Reed Army Medical Center (WRAMC). This regulation also provides limited basic guidance for each of the standing committees, boards and councils and a listing of applicable references.

4. References

References are listed individually for each standing committee, board and/or council.

5. Responsibilities

- a. The chairman of each committee is responsible for forwarding minutes for review as directed.
- b. Intradepartmental committees will not be addressed in this regulation unless they are specifically required by regulation. These should be addressed at the department level.
- c. Submission and approval of minutes.

(1) The minutes will be forwarded to the appropriate office of record as stated in the body of each committee's guidelines as stated in this regulation. The minutes will be in the Conclusion, Recommendation, Action, and Follow-up/Evaluation form (CRAF/CRAE).

6. Policies

It is the goal of the Commander to have the minutes prepared and submitted within five working days after the meeting.

7. Procedures

Procedural guidance is provided for each committee listed.

BLOOD USAGE COMMITTEE

1. Purpose

To review blood use on an on-going basis to continually improve the appropriateness and effectiveness of which blood components are used.

2. Composition

Chairperson
Chief, Department of Pathology (Chairman)
Chief, Department of Surgery
Chief, Department of Obstetrics/Gynecology (OB/GYN)
Chief, Department of Pediatrics
Chief, Hematology-Oncology Service
Chief, Anesthesia and Operative Service
Medical Director, Blood Bank
Chief, Blood Bank
Chief, Medical Records Administration
Chief, Coagulation Lab, Walter Reed Army Institute of Research (WRAMC)
Recorder (provided by Department of Pathology)

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89.

4. Responsibilities

- a. Review all categories of blood and blood components used in the hospital using pre-approved screening criteria to identify single cases or group of cases.
- b. Evaluate all confirmed transfusion reactions.
- c. Develop and approve policies and procedures regarding the distribution, handling, use and- procedures regarding the distribution, handling, use and administration of blood and blood components.
- d. Review the adequacy of transfusion services.
- e. Review ordering practices of blood and blood components.
- f. Relevant results from blood use review are used primarily to study and improve the processes that affect the appropriate and effective use of blood and blood components.
- g. Recommend modification of clinical privileges.

5. Minutes

- a. Minutes will be forwarded to the WRAMC PI/RM office within five working days of the meeting for review by the WRAMC Quality Outcomes Committee.

b. The first page of the minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

IAW TITLE 10 U.S.C. 1102, THIS DOCUMENT, PRODUCED FOR
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6. Office of Record

Department of Pathology and Area Laboratory Services.

7. Frequency

At the call of the Chairperson but not less than quarterly.

8. Voting

Voting on matters related to the performance of a physician shall be restricted to physician members.

CANCER CARE COMMITTEE

1. Purpose

To monitor, guide and lead the clinical cancer activities program to ensure that all cancer patients receive high quality management, to include diagnosis, treatment and follow-up.

2. Composition

*Chairperson (Cancer Program Director)
Oncology Nurse Clinician
Chief or Designated Representative from:
Department of OB/GYN
Department of Medicine (Medical Oncology)
Department of Pathology
Department of Pediatrics
Department of Radiology (Radiation Therapy)
Department of Surgery
Department of Pharmacy
Patient Administration Directorate
Social Work Service
Physical Medicine/Rehabilitation Service
Tumor Registry
Recorder (provided by the Tumor Registry)
Other Services/Departments, as required

*In the absence of the Chairperson, the Assistant Chairperson of the Cancer Committee will preside. Any member of the committee unable to attend will designate a representative who will present himself/herself to the Chairman at the time of the meeting.

3. References

- a. HSC Reg 4-1, Cancer Program (Tumor Registry).
- b. Standards of the Commission on Cancer, Volume I & II, February 1996-ACS CC.

4. Responsibilities

a. Maintain jurisdiction over all activities concerned with the management of neo-plastic disease within the hospital and the department and hospital clinics, to include combined cancer clinical conferences, professional cancer education, cancer clinical research and the Tumor Registry.

b. Tumor registry will be operated by the Directorate of Medical Administration and Operations, under the auspices of the Deputy Commander for Clinical Services, oversight provided by the Cancer Program Director and staff by a full time Tumor Registrar and such additional assistants as are deemed necessary.

c. Registry will initiate and maintain files on every inpatient and outpatient with a diagnosis of cancer.

(1) Files should contain current information on diagnosis, treatment and follow-up on a continuing basis.

(2) Follow-up information is required at least annually.

d. An annual report will be prepared by the Tumor Registry which provides the Cancer Committee with a statistical review of all new cases by site, stage, diagnosis, treatment and results. Facilities will be provided within the office of the Tumor Registry to permit clinical investigation, and the Registry staff will be available to assist investigators with any study approved by the Cancer Committee.

e. It is the responsibility of the professional service managing the individual cancer case to notify the Tumor Registry as soon as the diagnosis is made.

f. Although final responsibility for treatment rests with the managing service, it is expected that each patient will be presented to an appropriate combined cancer clinical conference (Tumor Board) prior to treatment.

g. Each specialty should provide clinical follow-up of their cancer patients. The Tumor Registry should be notified by the clinical service regarding the condition of cancer patients seen in follow-up.

5. Minutes

a. Minutes will be forwarded to the WRAMC PI/RM Office no later than five working days after each meeting for review by the WRAMC Quality Outcomes Committee.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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6. Office of Record

Tumor Registry.

7. Frequency

At least quarterly and preferably monthly.

CARDIOPULMONARY RESUSCITATION COMMITTEE (CPR)

1. Purpose

To provide a forum for discussion of problems related to CPR techniques and equipment and to provide oversight and recommendations related to CPR training (BLS, ACLS, PALS and NALS) and resuscitative equipment.

2. Composition

Chairperson
Representative, Critical Care Medicine
Representative, Cardiology Service (CPR Coordinator)
Representative, Department of Pediatrics
Representative, Department of Nursing
Director, Advanced Cardiac Life Support (ACLS)
Training
Representative, Anesthesia and Operative Service
Representative, Pharmacy Service
Representative, Medical Equipment Exchange Section (MEES)
Representative, Emergency Medicine Service (EMS)
Recorder (provided by Chairperson)

3. Responsibilities

- a. To identify any weakness in the existing Red Bird system, notify the appropriate individuals and make appropriate recommendations to the Command.
- b. To provide an advisory body to the existing Red Bird system to effectively respond to a complex, rapidly changing technological environment. Specifically to recommend changes in equipment and therapies used in resuscitation.
- c. To provide a unity of function for procedures, teaching and equipment selection.
- d. To review and revise the WRAMC Red Bird Policy, as necessary.
- e. To actively support Basic and Advanced Cardiac Life Support, Pediatric Advanced Life Support and Neonatal Advanced Life Support educational programs.
- f. To review and provide analysis of all cardiopulmonary resuscitation episodes in the facility.
- g. To evaluate, recommend, monitor and approve contents, distribution and/or relocation of cardiopulmonary resuscitation equipment, to include cardiopulmonary resuscitation carts and spark kits, monitor-defibrillators, external pacemakers and automatic defibrillators.
- h. To maintain inventory of above equipment to include location.

4. Minutes

- a. Minutes will be forwarded to the WRAMC PI/RM Office no later than five working days after each meeting for review by the WRAMC Clinical Activities Council.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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5. Office of Record

Chairperson.

6. Frequency

Quarterly.

CASE REVIEW COMMITTEE

1. Purpose

To insure maximum protection for children and spouses for which care or intervention is sought at Walter Reed Army Medical Center by outlining procedures for prevention, early identification, prompt reporting and appropriate intervention in suspected and actual instances of child or spouse abuse, child neglect and/or abandonment.

2. Composition

Chairman, (Chief, Department of Social Work)
Representative, Pediatric Clinic
Installation Chaplain
Family Advocacy Program Manager
Representative, Staff Judge Advocate
Representative, Provost Marshal's Office
Representative, Army Substance Abuse Program (ASAP)
Representative, Clinical Investigation Division
Family Advocacy Program Case Managers

As Needed:

Referring Physician
Representative, Command
Representative, Dental Activity
Representative, Patient Representative Office
Child and Youth Services Representative
Representative, Department of Psychiatry
Representative, Department Psychology
Recorder, provided by Department of Social Work

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89.
- c. AR 608-18, Army Family Advocacy Program, 9 Jan 95.
- d. MEDCOM Pam 608-1, Family Advocacy Program.
- e. WRAMC Pam 608-18, Family Advocacy Program, 18 Oct 01.

4. Responsibilities

- a. To review and reach disposition on cases of alleged abuse or neglect.
- b. To case manage substantiated or at risk cases of abuse or neglect and to transfer responsibility for such cases to an appropriate body, if needed.
- c. To recommend interventions on cases of child neglect or abuse, and spouse abuse, to appropriate authorities.

5. Minutes

a. The minutes will be forwarded to the DCCS; Commander, Walter Reed Health Care System and the Commander, Walter Reed Army Medical Center no later than five working days after each meeting for review.

b. The first page of the minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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6. Office of Record

Department of Social Work.

7. Frequency

The Case Review Committee currently meets on the first and third Wednesday of each month with special meetings as required.

CLINICAL INVESTIGATION COMMITTEE

1. Purpose

To review all clinical investigation proposals for scientific adequacy and to establish priorities for support.

2. Support

Chairperson - Chief, Department of Clinical Investigations (DCI)
Co-Chairperson - Assistant Chief, Department of Clinical Investigation
Chief or Designated Representative from:
Department of Medicine
Department of Surgery
Nursing Research Service
Center Judge Advocate
Rotating Senior Clinical Investigator
Statistician (Biometrics)
Research Administration Service, DCI
Department of Pediatrics
Department of Neurology

3. References

- a. AR 40-7, Use of Investigational Drugs and Devices in Humans and the Use of Schedule 1 Controlled Drug Substances, 4 Jan 91.
- b. AR 40-38, Clinical Investigation Program, 1Sep 89.
- c. Health Services Command Regulation 40-23, Management of Clinical Investigations Protocols and Reports.
- d. Accreditation Manual for Hospitals.
- e. Title 45 Code of Federal Regulations, Part 46.
- f. DA Technical Bulletin, 55
- g. Title 21 Code of Federal Regulations.

4. Minutes

The minutes will be submitted to the Chief, Department of Clinical Investigation for review and approval.

5. Office of Record

Department of Clinical Investigation.

6. Frequency

Twice a month.

CREDENTIALS COMMITTEE

1. Purpose

To establish policy, responsibility and procedures for determining and documenting clinical privileges (privileging) for all health care practitioners who are granted the authority and responsibility for making independent decisions to diagnose, initiate, alter or terminate a regimen of medical or dental care at WRAMC.

2. Composition

Chairperson (Deputy Commander for Clinical Services)
Deputy Commander for Nursing
Chief, Allergy/Immunology Service
Chief, Clinical Investigation
Chief, Department of Medicine
Chief, Neurology Department
Chief, Department of OB/GYN
Chief, DPALS
Chief, Department of Pediatrics
Chief, Department of Orthopedic Surgery and Rehabilitation
Chief, Preventive Medicine Service
Chief, Department of Primary Care and Community Medicine (DPCCM)
Chief, Department of Psychiatry
Chief, Department of Radiology
Chief, Department of Surgery
Recorder (provided by Credentials Section)

3. References

- a. Accreditation Manual for Hospitals
- b. AR 40-48, Non-physician Health Care Providers, 7 Nov 00.
- c. AR 40-68, Quality Assurance Administration, 20 Dec 89.

4. Responsibilities

- a. Meet monthly or at the call of the chairperson to review credentials and make recommendations concerning the granting, limiting removal of privileges based on education, specific training, experience and current competence, taking into account the limitations of the military treatment facility (MTF) support staff, equipment capability and mission.
- b. Receive reports on the quality of care provided by health care practitioners.
- c. Receive, review and act upon reports on privileged providers from the Provider Health Program.
- d. Vote by secret ballot. In accordance with chapter 4 - 9f (8), AR 40-58, no abstentions will be permitted when voting. The secret ballot, along with the agenda and previous month's minutes, will be collected by the recorder after each meeting.

WRAMC Reg 40-92

e. Review the practitioner's credentials request, which has been recommended by the chief of their respective service. A Practitioner's Credentials File (PCF) will not be reviewed in the absence of representation by the appropriate department. Peer recommendation will be obtained in addition to the department and service chief recommendations. All providers have peer recommendations as well as service and department chief's recommendations.

5. Minutes

a. The minutes will be prepared, signed by the chairperson and forwarded to the Hospital Commander for approval no later than five working days after the meeting.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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c. All minutes and related documents will be maintained in the Credentials Section in locked filing cabinets.

6. Office of Record

Medical Staff Office.

7. Frequency

Monthly or more frequently at the direction of the chairperson.

8. Voting

Voting on matters related to the performance of physicians will be restricted to physician members of the committee. Voting on matters related to the performance of non-physicians will include presentation and vote by a member of the non-physician's discipline.

EXECUTIVE COMMITTEE OF THE MEDICAL AND ADMINISTRATIVE STAFF

1. Purpose

To make recommendations to the Governing Body on all matters pertaining to the quality of clinical and administrative services.

2. Composition

Deputy Commander for Clinical Services (DCCS) - Chairperson
Deputy Commander for Administration (DCS)
Deputy Commander for Nursing
Chief, Preventive Medicine Services
Chief, Department of Medicine
Chief, Department of Pediatrics
Chief, Department of Surgery
Chief, Department of Obstetrics and Gynecology
Chief, Department of Pathology and Area Laboratory Services
Chief, Department of Radiology
Chief, DiLorenzo TRICARE Health Clinic
Chief, Department of Psychiatry
Chief, Department of Social Work
Chief, Allergy/Immunology Service
Chief, Department of Pharmacy
Chief, Physical Medicine & Rehabilitation Service
Director, Performance Improvement/Risk Management Office
Chief, Department of Neurology
Chief, Department of Psychology
Director, Patient Administration
Director, Resource Management
Director, Medical Administration and Operations
Chief, Pastoral Care and Rehabilitation
Director, Clinical Investigation
Director, Nutrition Care
Director, Hospital Logistics
Recorder, Secretary DCCS

3. References

- a. Accreditation Manual for Hospitals.
- b. AR-40-68, Quality Assurance Administration, 20 Dec 89

4. Responsibilities

- a. Develop and adopt bylaws, rules and regulations to establish a framework for self-governance of medical staff activities and accountability to the Governing Body.
- b. Refer horizontal issues to the Quality Outcomes Committee and vertical issues to the department chiefs.

WRAMC Reg 40-92

- c. Oversee professional education and training through the Professional Education and Training Committee.
- d. Review conclusions, recommendations and action from the Quality Outcomes Committee and other subordinate committees.
- e. Oversee administrative activities and support to clinical operations.
- f. Monitor the competency and professional education of non-clinical staff.
- g. Advise Governing Body of the allocation of resources.
- h. Perform annual review of subordinate committees.
- i. Forward significant actions to the Governing Body.

5. Minutes

- a. The minutes will be prepared and forwarded to the Performance Improvement/Risk Management Office no later than five working days after the meeting for review by the Governing Body.
- b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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6. Office of Record

Performance Improvement/Risk Management Office.

7. Frequency

Monthly if possible but at a minimum eight (8) times per year.

GOVERNING BODY

1. Purpose

The purpose of the Governing Body is to provide the framework for planning, directing, coordinating, providing, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes.

2. Composition

Chairperson (Commander)
Deputy Commander for Clinical Services
Deputy Commander for Administration
Deputy Commander for Nursing
Chief, Department of Surgery
Chief, Department of Medicine
Director, Medical Administration and Operations
Command Sergeant Major
Brigade Commander
Recorder (provided by the PI/RM Office)

Permanent Consultants:

Director, Performance Improvement/Risk Management
Director, Patient Administration
Director, Resource Management
Director, Health Plans Management
Director, Outcomes Management

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89.

4. Responsibilities

- a. Establish the mission, vision, and goals for WRAMC.
- b. Establish the WRAMC Strategic Plan and set priorities.
- c. Approve resource allocation.
- d. Receive and approve minutes and reports from the Executive Committee of the Medical and Administrative Staff.
- e. Receive exception reports and decision papers on major projects or issues.
- f. Meet JCAHO requirements for the Governing Body.
- g. Approve recommendations to establish horizontal process action teams.

5. Minutes

a. The minutes will be prepared no later than five working days after the meeting. The minutes will be provided to the PI/RM office for inclusion in the files of all minutes.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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6. Office of Record

Performance Improvement/Risk Management.

7. Frequency

Monthly if possible but at a minimum eight (8) times per year.

HOSPITAL ETHICS COMMITTEE

1. Purpose

The Hospital Ethics Committee (HEC) shall review, and revise if required, all existing regulations which pertain to ethical aspects of health care as needed. This will include at least the following policies. Do Not Resuscitate (DNR); Withholding and Withdrawing of Life Sustaining Therapies; Implementation of Advance Directives, Patient Rights.

2. Composition

Chairperson
Vice-Chair Consultation Service
Vice-Chair Organizational Ethics
Staff Physicians (4)
Social Work (1)
Pastoral Care (1)
Attorney (1)
Patient Representative (1)
Armed Forces Retirement Home-Washington (AFRH-W)
Nursing (1)
Resident/Fellow (GME status) (3)
Community Layperson (1)
Enlisted Personnel (1)
Non-Physician/Nursing Health Care
Provider (1)
Department of Medical Administration and Operations (1)
Recorder (1)

3. Responsibilities

a. Ethics Consultations

(1) Access to the committee by all patients, their families or surrogate decision-makers and WRAMC staff for the purpose of consultation regarding ethical aspects of health care shall be ensured.

(2) At no time will any ad hoc group, independent of the Hospital Committee (HEC), be formed to consider health care ethical dilemmas.

(3) The HEC will set as a consultative body for patients, their surrogate decisions makers and WRAMC clinical staff. The HEC does not have the authority to implement changes in patient care.

(4) The focus of the HEC, when performing consultations, will be to maintain an impartial position in an attempt to find morally sound solutions to the proposed dilemmas.

(5) The committee will have a standard operating procedure (SOP) for handling ethical consultations which will be reviewed annually and will include at least, the following elements:

(a) Maintenance of patient confidentiality.

(b) Notification of the attending physician of a patient for whom consult is performed.

WRAMC Reg 40-92

- (c) The procedure for documentation of the consult in the patient's medical record.
 - (d) The procedure for the resolution of conflicts following a consultation.
 - (e) An evaluation process of consultations.
 - (f) Guidelines addressing how recommendations pertaining to WRAMC are handled.
 - (g) Guidelines to when the full committee is formally consulted.
 - (h) Notification given to the patient, family or surrogate, decision maker whenever a full committee consultation is convened.
 - (i) Policy regarding the presence of patient, family or surrogate, decision-maker at full HEC consultation meetings.
 - (j) The HEC may elect to recommend to the WRAMC Executive Committee a mandatory review of a special issue or ethical situation.
- b. During normal duty hours, the point of contact is the Office of the Chairperson, Ethics Committee.
 - c. After normal duty hours, weekends and holidays, the point of contact is the Administrative Officer of the Day, who is responsible for contacting the ethics committee point of contact.

4. Minutes

- a. Minutes will be forwarded to the WRAMC Performance Improvement Office not later than five working days after each meeting for review by the WRAMC Quality Outcomes Committee.
- b. The first page of the minutes shall be labeled as follows in the right lower corner.

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5. Office of Record

Performance Improvement/Risk Management.

6. Frequency

At least monthly and at the call of the chairperson.

HOSPITAL SUPPLY & EQUIPMENT COMMITTEE

1. Purpose

- a. To establish a mechanism to ensure and improve the level of patient care through product evaluation (Material Standardization - AR 40-61).
- b. Review new and upgrade products currently in use to determine whether they meet medical center's established standards (Value Analysis).
- c. Provide the forum to review product deficiencies and shortcomings (Quality Assurance).
- d. Standardize products obtained through the DOD Prime Vender Program.

2. Composition

DCCS or Designated Representative, Chairperson
Tri-Service Standardization Cell Representative
Department of Nursing Operating Room Representative
Infection Control Representative
Chief Wardmaster, Department of Nursing
Department of Surgery Representative
DPALS Representative
Chief, Material Distribution Branch
Chief, Hospital Logistics Division or Designated Representative
Chief, Clinical Engineering Division
Nurse Methods Analyst, Resource Management
Chief, Material Division (Recorder)

3. References

AR 40-61, Medical Logistics Policies and Procedures, 25 Jan 95.

4. Responsibilities

The following objectives are applicable to the three sub-elements of the Hospital Supply & Equipment Committee:

a. Product Standardization:

- (1) To encourage the development and use of an approved product list for all departments of the Medical Center.
- (2) To reduce, through the standardization process, the expense of educating and training personnel to use many varied products and techniques.
- (3) To minimize the quantities of different products in inventory by reducing the variety of products used.
- (4) To provide a means of evaluating new product requests.
- (5) To reduce operating cost.

WRAMC Reg 40-92

b. Produce Quality Improvement.

- (1) To review all USAMMA messages.
- (2) To review all appropriate manufacturer's recalls of product alerts.
- (3) Review all product deficiencies identified at the Medical Center.
- (4) To identify product shortcomings of currently used items.
- (5) To provide additional documentation to the quality improvement programs of the Medical Center.

c. Value Analysis.

- (1) To determine cost effectiveness of products currently in use and any new or upgraded product.
- (2) To investigate current usage.
- (3) To educate the staff as to the cost associated with material usage.
- (4) To reduce supply cost.

5. Minutes

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6. Office of Record

Material Division.

7. Frequency

Bi-Monthly.

INFECTION CONTROL COMMITTEE

1. Purpose

To minimize infection and potentials in-patients and personnel by instituting and maintaining measures for identification, prevention, investigation, reporting and control.

2. Composition

a. Members:

Chairperson (Infectious Disease Staff Physician)
Chief/Representative, Department of Nursing
Chief/Representative, Department of Medicine
Chief/Representative, Department of Pediatrics
Chief/Representative, Department of Surgery
Chief, Infection Control Service, Department of Nursing
Chief/Representative, Microbiology Lab
Chief/Representative, Preventive Medicine Service
Patient Safety Director
Infection Control Nurses
Representative, Medical Administration & Operations
Representative DENTAC
Representative, Environmental Services

b. Consultants:

Chief/Representative, Department OB/GYN
Chief/Representative, Occupational Health Clinic
Chief/Representative, Operating Room/Central Material Nursing Service
Chief/Representative, Hospital Logistics
Representative, Department of Primary Care and Community Medicine (DPCCM)
Representative, Linen and Laundry Service
Representative, Directorate of Public Works
Representative, Pharmacy Service
Environmental Science Officer
Representative, Industrial Hygiene
Representative, Facility Management Branch
Recorder (provided by Infection Control Service)

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89.
- c. Infection Control and Applied Epidemiology Principles and Practices, 2001.

4. Responsibilities

- a. Oversee the program for surveillance, prevention and control of infection.

WRAMC Reg 40-92

- b. Define epidemiologically important issues and approve the type and scope of surveillance and investigation activities. Regularly review collected surveillance and investigation data to determine suggesting the need for improvement actions.
- c. Approve actions to prevent or control infections, based on an analysis an evaluation of surveillance and investigation activities.
- d. Through the Chairman and the Infection Control Service, Dept. of Nursing, review Infection Control policies and procedures for all patient care departments and services every two years.
- e. Review and approve the WRAMC Infection Control Policy and Procedure Guide every two years.
- f. Sponsor periodic orientation and education programs for all medical center personnel to present current prevention and control concepts.
- g. Institute any surveillance, prevention and/or control measures or studies when there is reason to believe that any patient or personnel may be in danger. (This authority may be delegated to the Chairperson)

5. Hospital Epidemiologist

The Chairman, Infection Control Committee, will serve as the hospital epidemiologist.

6. Minutes

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7. Office of Record

Infection Control Service.

8. Frequency

Monthly.

INFORMATION MANAGEMENT GUIDANCE COUNCIL (IMGC)

1. Purpose

The Walter Reed Army Medical Center (WRAMC) Information Management Guidance Council (IMGC) is hereby established to serve as a standing subcommittee of the WRAMC Governing Body. The IMGC is the executive level committee responsible for conducting in-depth review of medical information management and information technology (IM/IT) programs and projects.

2. Composition

Deputy Commander for Administration or Designated Representative (Chairperson)
 Deputy Commander for Clinical Services or Designated Representative
 Deputy Commander for Nursing or Designated Representative
 Command Sergeant Major or Designated Representative
 Information Management Officer, WRAMC
 Director, Patient Administration or Designated Representative
 Chief, Preventive Medicine Service
 Chief, Department of Pediatrics
 Chief, Department of Surgery
 Chief, Department of Obstetrics and Gynecology
 Chief, Department of Pathology and Area Laboratory Services
 Chief, Department of Radiology
 Chief, Department of Psychiatry
 Chief, Department of Allergy/Immunology
 Chief, Department of Pharmacy
 Chief, Department of Orthopedics and Rehabilitation
 Chief, Department of Neurology
 Chief, Department of Psychology
 Chief, Pastoral Care
 Chief, Department of Medicine
 Chief, Social Work Service
 Director, Nutrition Care
 Director, Resource Management
 Director, Medical Administration and Operations
 Chief, Outcomes Management
 Chief, Optometry Service
 Chief, Telemedicine
 Director, Logistics or Designated Representative
 Director, Contracting or Designated Representative
 North Atlantic Dental Command Representative
 CTO, NARMC - Consultant
 Director, Information Management - Consultant
 Secretary DOIM - Recorder
 Recorder, Secretary DCCS

3. References

- a. AR 25-1, The Army Information Resources Management Program, 31 May 02.
- b. JCAHO, Comprehensive Accreditation Manual for Hospitals.

4. Responsibilities

a. The IMGC assists the Information Management Officer (IMO) as an advisory group to the commander on clinical and administrative automation, office automation, expert systems, automation of quality management, automation of records, forms and records management, reproduction, telecommunications and visual information as it pertains to the hospital. It will also assist the IMO in developing plans for delivery, training and use of information services. Additionally, the IMGC will serve as a forum to facilitate the sharing of information, eliminate overlaps, and identify cross-functional issues and opportunities to improve the overall performance of WRAMC IM/IT programs.

b. Conduct in-depth reviews of medical IM/IT programs and projects.

c. Assess compliance with strategic, programmatic, and functional criteria.

d. Consistent with fiscal guidance, review and recommend investment strategies and plans for consideration during WRAMC strategic planning.

e. Facilitate the exchange and sharing information between different functional communities.

f. Facilitate the alignment of new initiatives into the applicable business practices for incorporation into the hospital's business processes as appropriate.

5. Deliverables

a. The WRAMC IMO will perform Executive Assistant functions for this committee. The Executive Assistant will call meetings at the direction of the Chairperson, prepare the agenda and other materials, and provide administrative support as necessary. The Executive Assistant will maintain records of IMGC decisions and assigned actions.

b. Only those members outlined above, or their designated government representatives, will be allowed to attend IMGC sessions.

6. Minutes

Minutes of meetings will be prepared by the DOIM Secretary, reviewed by the Executive Assistant, approved by the Chairperson, and distributed to the members. When appropriate, the IMGC will provide recommendations to the WRAMC Governing Body relative to the WRAMC IM/IT program and in support of the budget development cycle.

7. Office of Record

Information Management

8. Frequency

Quarterly or at the call of the Chairperson

9. Voting

Voting privileges will be extended to IMGC members or their designated alternates only. Each department shall exercise one vote. The IMO will serve as a non-voting member.

MEDICAL CENTER SAFETY COMMITTEE

1. Purpose

a. To adapt, implement and monitor a comprehensive medical center safety program. The program is designed to provide a safe, functional, supportive, and effective environment for patients, staff, and other individuals in the medical center, and to create a mechanism through which safety and health issues are identified, control measures implemented, and outcomes evaluated.

2. Composition

a. Members:

Chairperson, Deputy Commander for Administration
Deputy Commander for Nursing
Medical Center Brigade Commander
Chief, Preventive Medicine Service
Director of Nutrition Care
Chief, Clinical Engineering Division
Chief, Environmental Health Section
Chief, Environmental Services Branch
Chief, Facilities Management Branch
Chief, Fire Department
Chief, Garrison Environmental Office
Chief, Infection Control
Chief, Hospital Logistics Division
Chief, Industrial Hygiene Office
CSM, WRHCS/Senior NCO
DENTAC Safety Officer
DiLorenzo TRICARE Health Clinic Pentagon Safety Officer or Representative
Emergency Management Program Manager
FECA Representative
Lab Safety Officer/Chemical Hygiene Officer
Radiation Protection Officer
Representative American Federation of Government Employees
Security Officer/NCO
Safety Manager (Recorder)

b. Ad hoc Members:

Director, Medical Administration and Operations
Laser Safety Officer
Collateral Duty Safety Officers (CDSOs)

3. References

a. Comprehensive Accreditation Manual for Hospitals, Management of the Environment of care EC.4.2.

b. AR 40-1, Composition, Mission and Functions of the Army Medical Department 7 Jan 83.

4. Responsibilities

a. Monitor and assist the Commander in the implementation of the Medical Center's Safety Program and make recommendations to the governing body.

b. Review and analyze information relating to environment of care (EC) management programs and reviews summaries of deficiencies, problems, failures, and user errors relating to:

- (1) Safety
- (2) Security
- (3) Hazardous materials and waste
- (4) Emergency preparedness
- (5) Life Safety
- (6) Medical equipment
- (7) Utility systems
- (8) Other environmental considerations
- (9) Other sources of information (i.e., radiation and laser safety, occupational health, industrial hygiene, infection control, and risk management).

c. Make recommendations relating to program development, implementation and revision, and monitor the effectiveness of the environment of care management programs. Maintain liaison with other committees for mutual exchange of information.

d. Ensure that program elements are implemented, and environment of care monitoring and response activities are integrated into the patient safety program.

e. Ensure safety issues are communicated to Commanders, Deputy Commanders, Performance Improvement Coordinator and Patient Safety Director.

f. Monitor the effectiveness of environment of care management programs annually.

5. Minutes

a. The minutes will be forwarded to the Performance Improvement Office no later than five working days after the meeting for review by the Governing Body.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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ASSURANCE PURPOSES, IS PROTECTED AGAINST DISCLOSURE.
UNAUTHORIZED DISCLOSURE CARRIES A \$3000.00 FINE.

6. Office of Record

WRHCS/Medical Center Safety Office.

7. Frequency

Bi-monthly, 4th Monday at 1100. Note: Committee may meet monthly if deemed necessary by Chairperson.

MEDICAL LIBRARY COMMITTEE

1. Purpose

To provide general monitoring of the Medical Library and to assist the library director in providing a current professional collection of print and electronic medical information resources.

2. Composition

Chairperson
Representatives from:
DENTAC
DOIM
Department of Nursing
Director, Resources Management (DRM)
Director of Allergy
Director of Clinical Investigation
Department of Ministry and Pastoral Care
Department of Neurology
Directorate of Nutrition Care
Department of OB/GYN
Department of Pathology
Department of Pediatrics
Department of Physical Medicine and Rehabilitation
Department of Psychiatry
Department of Radiology
Department of Social Work
Department of Surgery
Preventive Medicine Service
Recorder (provided by the Medical Library)
Resident Representative(s)

3. References

- a. AR 25-1, The Army Information Resources Management Program, 31 May 02.
- b. AR 40-2, Army Medical Treatment Facilities. General Administration with HSC Supplement, 15 Mar 83.
- c. AR 735-5, Policies and Procedures for Property Accountability, 10 Jun 02.
- d. AR 735-17, Accounting for Library Materials, 21 Nov 91.
- e. Accreditation of Manual for Hospitals.

4. Responsibilities

- a. To review library policies and evaluate the effectiveness of the library in meeting the information and educational needs of its users. Establish priorities in the renewal of journals, and the acquisition of other library materials to include systems, equipment and services.
- b. Monitor the Medical Library's standard operating procedures, hours and utilization statistics for optimum customer satisfaction.

5. Meetings

At the call of the chairperson but not less than bi-annually. Meetings are usually held 1000 hours on the 2nd Tuesday of the months of December, March, June and September.

6. Minutes

a. The minutes will be forwarded to the WRAMC PI/RM office not later than five working days after each meeting for review by the Quality Outcomes Committee.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance data is included:

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7. Office of Record

Medical Library.

MEDICAL RECORDS AND FORMS REVIEW SUBCOMMITTEE

1. Purpose

To ensure the preparation, evaluation and maintenance of patient records, the contents of which are accurate, timely, complete, clinically pertinent, and adequate as medicolegal documents and reflect the quality of patient care rendered.

2. Composition

DCCS or Physician Appointee Chairperson
Representative, Department of Pediatrics
Representative, Department of Medicine (Vice Chairman)
Representative, Department of Surgery
Representative, Department of Medicine (House Staff)
Representative, Department of Surgery (House Staff)
Representative, Department of Nursing
Representative, Directorate of Medical Administration and Operations
Director, Patient Administration Directorate
Chief, Medical Record Administration
Recorder (provided by Patient Administration Directorate)

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-66, Medical Record Administration and Health Care Documentation, 5 Mar 99.
- c. AR 40-68, Quality Assurance Administration, 20 Dec 89.

4. Responsibilities

- a. To recommend policies and guidelines regarding the total processing and evaluation for quality of patient records.
- b. To monitor medical record contents, preparation maintenance and qualitative and quantitative reviews for compliance with applicable JCAHO standards.
- c. To review the effectiveness and efficiency of medical records systems.
- d. To study trends reflecting the adequacy of patient records as accurate, timely, complete and medicolegally correct documents of patient care rendered. Timeliness of interval between discharge and completion of chart and filing in PAD shall be closely monitored.
- e. To review all forms and form modifications proposed for use in the medical records.
- f. To make recommendations regarding the above to the WRAMC Quality Outcomes Committee.
- g. Identify problems, procedures and trends that impact on the medical records, identify alternatives and ensure the problems are solved.

5. Minutes

a. Minutes will be forwarded to the WRAMC PI/RM Office no later than five working days after each meeting for review by the WRAMC Quality Outcomes Committee.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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6. Office of Record

Patient Administration Directorate.

7. Frequency

Monthly.

PATIENT CARE ASSESSMENT COMMITTEE (PCAC)

1. Purpose

To provide expert medical staff peer review of issues resulting directly from established continuous quality improvement activities and any other issues directed by the commander.

2. Composition

Chairperson (DCCS or Designee)
Deputy Commander for Nursing
Chief, Department of Pediatrics
Chief, Department of Surgery
Chief, Department of OB/GYN
Chief, Department of Medicine
Chief, Department of Orthopedics and Rehabilitation
Chief, Department of Radiology
Judge Advocate Claims Office
Recorder (provided by Performance Improvement Office)

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89.

4. Responsibilities

a. Review documentation associated with the following to determine if additional actions are deemed appropriate:

- (1) All malpractice claims.
- (2) Potentially Compensable Events (PCE) cases.
- (3) Cases referred by medical staff reviews.
- (4) Cases in which other reviews present questions.
- (5) Unexpected deaths.
- (6) All alcohol and drug involvement when directly attributed to death.
- (7) Positive occurrence screens to determine need for further review.

b. Determine, based on review of records and appropriate reports, the following classification for each case review.

- (1) Met standard or care.
- (2) Did not meet standard of care.

WRAMC Reg 40-92

- (3) Standard for care not determined.

Note: If deviation from standard of care is found, the provider(s) shall be given the right to present their case to the PCAC either in person or in writing prior to the final action on the finding.

5. Minutes

a. The minutes will be forwarded to the WRAMC PI/RM office within five working days of the meeting for review by the WRAMC Quality Outcomes Committee.

b. The first page of each set of minutes shall be labeled as follows.

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6. Office of Record

WRAMC PI/RM Office.

7. Frequency

Monthly.

PATIENT SAFETY COMMITTEE

1. Purpose

The inter-disciplinary Patient Safety Committee is responsible for oversight of the Patient Safety Program. The Patient Safety Committee will document and recommend to the Executive Committee and recommend to the Executive Committee of the Medical and Administrative Staff high-risk process improvement priorities.

2. Composition

Chairperson (Director of Patient Safety Program)
Performance Improvement Director and Staff
Risk Manager
Representative, DPALS
Representative, Logistics
Representative, Pharmacy
Hospital Safety Officer
OSJA Representative
Representative, CIS
Representative, Patient Representative Office
Representatives, Nursing
Representatives, Medical Staff

3. References

- a. AR 40-68, Quality Assurance Administration, 20 Dec 89.
- b. MEDCOM Reg 40-41, The Patient Safety Program.
- c. Accreditation Manual for Hospitals.

4. Responsibilities

Committee minutes/reports will include as a minimum: Aggregation and analysis of all clinical and non-clinical reported events, trends and lessons learned, actions necessary for organizational process/system improvements, review of proactive Patient Safety error reduction activities and progress related to organizational risk assessments, prospective analyses and RCA action plan implementation.

5. Minutes

a. Minutes will be maintained by the Performance Improvement Office and forwarded to the Quality Outcomes Committee and Executive Committee of the Medical Administrative Staff. Recommendations associated with Patient Safety are considered and prioritized as appropriate.

- b. The following disclaimer will be on the first page of the minutes.

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WRAMC Reg 40-92

6. Office of Record

Performance Improvement.

7. Frequency

Monthly.

PERFORMANCE IMPROVEMENT RISK MANAGEMENT (PI/RM)

1. Purpose

To review WRAMC 1811 (Risk Management/Quality Improvement Report) and to provide the Risk Manager with an immediate analysis of the urgent cases. Other cases shall be trended.

2. Composition

Chairperson (Director, WRAMC PI/RM)
WRAMC JAG Claims Officer
Director, Patient Safety
Health Systems Specialist, PI/RM
Representative, Department of Nursing
Representative, DPALS
Staff physician from department/separate services (one-week cycle)
Program Management Tech, PI/RM
Representative from Pharmacy
Representative from QA Clinical Engineers
Recorder (provided by Clinical Performance Improvement Office)

3. Authority

Governing Body Committee meeting of 30 May 1985.

4. Responsibilities

The Director, PI/Risk Management (Acting for the Deputy Commander) will:

- a. Screen all incidents reported on WRAMC Form 1811.
- b. Screen all incidents for PCEs. All serious incidents, whether or not they are compensable will be promptly analyzed. Each shall have a professional review requested from the appropriate department. All final reports of PCEs shall be reviewed by the chairperson, Patient Care Assessment Committee, who shall determine if further action is required.
- c. Evaluate reviews of serious incidents submitted and determines if all pertinent acts and actions have been addressed.
- d. Refer all other cases to the appropriate department or separate service for internal Performance Improvement review, analysis or trending as indicated.
- e. The chairperson of the PI/RM Advisory Group shall be the Director, PI/RM Office. He shall also serve as the appointed Risk Manager. Items such as PCE, system institutional problems and other cases, as appropriate, will be reviewed and analyzed and appropriate actions taken to resolve all issues surrounding the event.

5. Minutes

No formal minutes are prepared, although bi-annual statistical reports of accumulated data shall be presented to the Quality Outcomes Committee.

WRAMC Reg 40-92

6. Office of Record

WRAMC PI/RM Office.

7. Frequency

Daily.

PHARMACY AND THERAPEUTICS COMMITTEE (PTC)

1. Purpose

The primary objectives of the PTC committee are:

- a. Advisory. The committee recommends the adoption of and assists in the formulation of broad professional policies regarding evaluation, selection, procurement, distribution, use, safe practices, and other matters related to therapeutics agents.
- b. Educational. The committee recommends or assists in the formulation of programs designated to meet the needs of the professional staff for current knowledge on matters related to therapeutic agents and their use.

2. Composition

The committee includes either the chief or a representative from the following activities:

Deputy Commander for Clinical Services (Chairperson)
Department of Allergy/Immunology
Department of Medicine
Department of Neurology
Department of Nursing
Department of Obstetrics/Gynecology
Department of Pediatrics
Department of Pharmacy (Recorder)
Department of Primary Care & Community Medicine
Department of Psychiatry
Department of Physical Medicine and Rehabilitation
Department of Utilization Management, Resource Management Division
Nutrition Support Team
Pharmacoeconomic Center (PEC) Pharmacist
DENTAC

3. References

- a. Accreditation Manual for Hospitals (Joint Commission on Accreditation of Healthcare Organizations).
- b. AR 40-3, Medical Dental and Veterinary Care, 28 Jan. 02.
- c. AR 40-7, Use of Investigation Drugs and Devices in Humans and Use of Schedule I Controlled Substances, 4 Jan. 91.
- d. AR 40-48, Non-Physicians Healthcare Providers, 7 Nov. 00.

4. Functions

The functions of the PTC committee are to:

- a. Advise the commander and the professional staff in all matters pertaining to the use of therapeutic and diagnostic agents.

WRAMC Reg 40-92

- b. Advise the commander and the professional staff in the selection of therapeutic agents which are the most efficacious and cost effective.
- c. Recommend local prescribing policies based on professional, economic, and other appropriate administrative considerations.
- d. Evaluate clinical data regarding new therapeutic agents proposed for use in the hospital.
- e. Prevent unnecessary duplication in stockage and use of the same basic therapeutic agent or its combinations.
- f. Establish a formulary of therapeutic agents and provide for its continual review and revision.
- g. Provide oversight and recommendations to the commander on the execution of the facility's medication budget.
- h. Propose educational programs for the professional staff on particular matters related to therapeutic agents and their use.
- i. Review a summary of quality control messages which are furnished by the Chief, Department of Pharmacy and disseminate all pertinent information to members of the professional staff.
- j. Monitor all adverse drug events and make recommendations to prevent their occurrence. Determine which events are reportable and forward reports to the Food and Drug Administration (FDA) and manufacturer as appropriate.
- k. Monitor the medication use evaluation program and make recommendations to optimize drug use through the Medical Evaluation Subcommittee (MES) and the Pharmacy Selection Committee (PSC).
- l. Monitor the uses of controlled substances through the Sole Provider Subcommittee.
- m. Develop a standard list of chemical symbols and abbreviations for use in prescribing medications.
- n. Review and recommend prescribing lists for non-physician health care providers.
- o. Recommend policies to govern the access, conduct, and activities of pharmaceutical industry representatives within the MTF.
- p. Monitor and advise the commander on pharmaceutical care issues which may effect the delivery of healthcare in the region.
- q. Coordinate the implementation of DOD policy as it relates to the use of pharmaceuticals.
- r. Provide oversight of clinical investigations which use medications.

5. Formulary Management

New drugs are added to the formulary and stocked in the pharmacy only after approval of the PTC and the Commander. Procedures for submission of a request for a new drug are outlined below.

a. Additions/Deletions. Each request for the addition of a drug to the formulary will be submitted electronically to the Chief, Department of Pharmacy. All requests for formulary additions will be reviewed by the Medical Evaluation Subcommittee during a separate monthly meeting. The Medical Evaluation Subcommittee reviews different classes of drugs at each meeting on a scheduled basis for either addition or deletion. Requests for new drugs offering a "significant" therapeutic gain may be reviewed off-cycle.

b. Non-formulary Requests. Special patient purchase (SPP) drugs will be requested using the CHCS e-mail template.

6. Minutes

The PTC committee will keep minutes of their meetings and forward a copy of the minutes to the Department of Defense Pharmacoeconomic Center, 1750 Greeley Rd., Bldg. 4011, Rm. 217, Fort Sam Houston, TX 78234-6190. Additionally, a copy will be sent to the Pharmacy Consultant, Office of the Surgeon General, 5109 Leesburg Pike, Falls Church, VA.

7. Office of Record

Department of Pharmacy.

8. Frequency

The PTC will meet every month.

9. Voting

All members will have a vote except the Resource Management Division, the Nutrition Support Team and the Pharmacoeconomic Center (PEC) Pharmacist.

PROFESSIONAL EDUCATION AND TRAINING COMMITTEE

1. Purpose

To provide general supervision of all hospital training programs at Walter Reed Army Medical Center.

2. Composition

Chairperson
Deputy Commander for Nursing
Deputy Commander for Administration (DCA)
Chief, Department of Medicine
Chief, Department of Clinical Investigation
Chief, Department of Neurology
Chief, Department of Nursing
Chief, Department of OB/GYN
Chief, DPALS
Chief, Department of Pediatrics
Chief, Department of Psychiatry
Chief, Orthopedic Department
Chief, Thoracic Surgery Service
Director, Intern Training
Chief, Allergy/Immunology Department
Chief, Department of Ministry & Pastor Care
Chief, Pharmacy Department
Chief, Nuclear Medicine Service
Chief, Nutrition Care
Chief, Social Work Department
Recorder (provided by Medical Staff Office)

3. References

AR 351-3, Professional Education and Training Programs of the Army Medical Department, 8 Feb 88.

4. Responsibilities

- a. To monitor the progress of students in all professional training programs sponsored by the medical center.
- b. To serve as a review board to recommend action in cases of adverse reports or lack of adequate progress.

5. Minutes

- a. The minutes will be prepared and forwarded to the Director, Medical Education no later than five working days after each meeting.

- b. The first page of each set of minutes shall be labeled as follows in the right lower corner.

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6. Office of Record

Medical Staff Office, Medical Education Section.

7. Frequency

Every other month, or as directed by the chairperson.

8. Voting

Voting on matters related to physician performance shall be restricted to physician members of the committee. When other disciplines are involved, their representatives may vote.

PROVIDER HEALTH PROGRAM

1. Purpose

To establish policy, responsibility and provide procedures at WRAMC for the Provider Health Program. This program applies to all Army Medical Department (AMEDD) active duty military officers, warrant officers and civilian employee equivalent health care providers who are licensed or privileged and provide or supervise direct patient care.

2. Chairperson

Chairperson, Physician at the direction of the Commander
Representative, Addiction Med, Department of Psychiatry
Representative, Department of Medicine
Representative, Inpatient Psychiatry
Representative, Nursing Psychiatry Liaison
Clinical Director, ASAP
Recovering health care provider with two years in recovery
Enlisted Representative

Consultants:

Department chief/supervisor of health care provider under discussion - Ex-officio Administrator Medical Staff Office (Recorder)

3. References

- a. AR 40-68, Quality Assurance Administration, 20 Dec 89.
- b. AR 600-85, Alcohol and Drug Abuse Prevention and Control Program, 1 Oct 01.
- c. AR 614-5, Stabilization of Tours, 1 Apr 83.

4. Responsibilities

- a. To recommend management of health care providers (HCP) identified as impaired.
- b. To evaluate evidence of impairment of HCPs reported for alcohol or drug abuse dependence and psychiatric or physical illness.
- c. To make recommendations regarding restrictions on the clinical practice of impaired HCPs.
- d. To monitor the progress of impaired HCPs during treatment and aftercare.
- e. To make recommendations regarding the phased return to full clinical practice after treatment.

5. Minutes

- a. The minutes will be prepared for signature of the chairperson and forwarded to the DCCS for review no later than five working days after the meeting. They will then be forwarded to the Hospital Commander for signature and approval.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

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c. All minutes and related documents will be maintained in the Credentials Section in locked filing cabinets.

6. Office of Record

Medical Staff Office, Credentials Section.

7. Frequency

Monthly or more frequent at the direction of the chairperson.

QUALITY OUTCOMES COMMITTEE

1. Purpose

To provide oversight of performance improvement, utilization and outcome activities of all departments, services and committees.

2. Composition

Chairperson (DCCS or Designee)
Medical Advisor to Performance Improvement
Director, Performance Improvement/Risk Management
Chief, Utilization Management
Patient Representative

Representative from:
Department of Medicine
Department of Surgery
Department of Nursing
Department of Pediatrics
Department of OB/GYN
Department of Pathology and Area Laboratory Services
Department of Radiology
DiLorenzo TRICARE Health Clinic
Department of Psychiatry
Department of Pastoral Care
Department of Social Work
Department of Psychology
Department of Allergy/Immunology
Department of Pharmacy
Department of Orthopedics and Rehabilitation
Department of Neurology
Directorate of Patient Administration
Nursing Research
Center Judge Advocate
Safety Office
Preventive Medicine Service
Director, Outcomes Management
Director, Patient Safety
Directorate, Health Plans Management
Recorder (provided by Performance Improvement Office)

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89.

4. Responsibilities

- a. This council shall provide for the following:

WRAMC Reg 40-92

- (1) Oversee activities and functions of clinical committees.
- (2) Review minutes of subordinate committees and councils.
- (3) Monitor ongoing performance improvement projects.
- (4) Provide oversight in case management and clinical practice guidelines and identify cost avoidance/savings in these areas.
- (5) Identify the Utilization Management impact and identify cost avoidance/savings of Performance Improvement.
- (6) Forward significant actions to the Executive Committee of the Medical and Administrative Staff.

5. Minutes

a. The minutes will be prepared and forwarded to the Performance Improvement Office no later than five working days after each meeting for review by the Executive Committee of the Medical and Administrative Staff.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner:

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6. Office of Record

Performance Improvement/Risk Management Office.

7. Frequency

Monthly.

RABIES ADVISORY BOARD

1. Purpose

To provide overall direction and guidance for the medical, veterinary and administrative aspects of the Rabies Prevention Program.

2. Composition

Chief, Preventive Medicine Service (Chairman)
Chief, Infectious Disease Service (or Physician Representative)
Chief, Emergency Medicine Service (or Physician Representative)
Chief, DiLorenzo TRICARE Health Clinic, Pentagon (or Physician representative)
Chief, Fort Myer Veterinary Branch
Recorder (provided by Preventive Medicine Service)

3. References

- a. AR 40-5, Preventive Medicine, 15 Oct 90.
- b. AR 40-905, Veterinary Health Services, 16 Aug 94.
- c. WRAMC Pam 40-7, Management of Potential Human Exposure to Rabies, 15 Apr 02.

4. Responsibilities

a. To develop, review, approve and ensure implementation of policies/procedures relating to the prevention and treatment of animal bites/scratches, the quarantining and testing of potentially rabid animals, and the use of anti-rabies prophylaxis.

5. Minutes

The minutes shall be prepared as a Memorandum.

6. Office of Record

Preventive Medicine Service.

7. Frequency

Quarterly or at the call of the Chair.

RADIATION CONTROL COMMITTEE

1. Purpose

To formulate rules and procedures for the safe use of sources of ionizing and non-ionizing radiation to assure compliance with the regulation and standards of the Nuclear Regulatory Commission, the Office of the Surgeon General, Department of the Army and other regulatory agencies and to conduct a continuing review of the administrative control procedures.

2. Composition

Chairperson (Deputy Commander for Clinical Services)
Alternative Chairperson (Chief, Preventive Medicine Service)
Chief, Department of Radiology (or representative)
Chief, Department of Medicine (or representative)
Chief, Department of Nursing (or representative)
Chief, Radiation Therapy Service (or representative)
Chief, Nuclear Pharmacist (or representative)
Chief, Health Physics Office/Radiation Protection Officer
Radiation Safety Officer, WRAIR (or representative)
Radiation Safety Officer, AFIP (or representative)
Chief, Clinical Engineering (or representative)
Chief, Radioactive Material Control Branch, Health Physics Office (or representative)
Safety Manager, nonvoting member
Chief, Health Physics Operations, Recorder (or representative)

3. References

- a. 10 Code of Federal Regulations, 19 (CFR) Notices, Instructions and Reports to workers: Inspections and Investigations.
- b. 10 CFR 20, Standards for Protection Against Radiation.
- c. 10 CFR 33, Specific Domestic Licenses of Broad Scope of Byproduct Material.
- e. AR 11-9, "The Army Radiation Safety Program", 11 May 99.
- f. AR 40-5, Preventive Medicine, 15 Oct 90.
- g. AR 40-7, Use of Investigational Drugs in Humans and the Use of Schedule 1 Controlled Drug Substances, 4 Jan 91.
- h. AR 40-38, Clinical Investigation Program, 1 Sep 89.
- i. MEDCOM Reg 40-42, "U.S. Army Medical Command Radiation Safety Program", Mar 02.
- j. TB Med 525, Control of Hazards to Health from Ionizing Radiation Used by the Army Medical Department.
- k. JCAHO Accreditation Manual for Health Care Organizations.

4. Responsibilities

- a. Review and grant permission for, or disapproval of, the use of radioactive material from the standpoint of radiological health and safety and other factors established for medical use of these materials.
- b. Review and approve Principal Investigation and coworkers for each type of procedure with each individual radioisotope.
- c. Prescribe special conditions which may be necessary to include, but not limited to, medical examinations, additional training, designation of radiation areas, location of radioisotope use, waste disposal method and protective measures for personnel in care of patients.
- d. Review records and receive reports from the Radiation Safety Officer of other individuals responsible for health and safety practices.
- e. Recommend corrective actions when indicated.
- f. Keep an official record of its actions.
- g. Maintain current records of the training of approved users, documenting the qualifications and limitations of each.
- h. Prepare the radioisotopes in Human Activities Report, RCS MED-197, in accordance with paragraph 2-10 TB MED 525.
- i. Insure sound clinical and experimental procedures when radioactive materials are used.
- j. Review all reports of unusual occurrences and alleged overexposures.
- k. Formulate and review the training program for the safe use of radioactive material authorizations.
- l. Review applications for Nuclear Regulatory Commission (NRC) licenses and Army Radiation Authorizations.
- m. Review and approve all misadministration reports forwarded to the U.S. Nuclear Regulatory Commission (NRC), IAW 10 CFR 35.33.
- n. Ensure personnel assigned to perform duties in Nuclear Medicine meet NRC requirements listed in U.S. NRC Regulatory Guide 10.8 Revision 2.
- o. Approve the use of radioactive materials or radiation in clinical investigations according to AR 40-38.
- p. Ensure occupational radiation exposures are maintained As Low As Reasonably Achievable (ALARA) and that a formal program has been developed and pursued in accordance with NRC directives. (NRC RG 8.18, "Information Relevant to Ensuring That Occupation Radiation Exposures at Medical Institutions Will Be As Low As Reasonably Achievable". NRC RG 8.23, "Radiation Safety Surveys at Medical Institutions" and NRC NUREG 9267, "Principles and Practices for Keeping Occupational Radiation Exposures at Medical Institutions As Low As Reasonably Achievable").

- q. Have an annual audit of the Radiation Control Program conducted IAW CFR 20.1101.

5. Minutes

- a. Minutes will be prepared and forwarded to the WRAMC PI/RM Office no later than five working days of the meeting for review by the WRAMC Quality Outcomes Committee.
- b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included.

IAW TITLE 10 U.S.C. 1102, THIS DOCUMENT PRODUCED FOR QUALITY ASSURANCE PURPOSES, IS PROTECTED AGAINST DISCLOSURE, UNAUTHORIZED DISCLOSURE CARRIES A \$3000.00 FINE.

- c. One copy of the minutes will also be included in the "Radioisotopes in Human Use Activities" Report, RCS MED 197.

6. Office of Record

Health Physics Office.

7. Frequency

Quarterly or at the call of the chairperson.

SPECIAL CARE UNIT COUNCIL

1. Purpose

To monitor care provided in all special care units for compliance with established standards of care, monitor teaching of physician house staff and nurses, coordinate equipment requirements for all units, and insure all administrative and Performance Improvement functions comply with JCAHO.

2. Composition

Chief, Critical Care Medicine (Chairperson)
Chief, Critical Care Nursing Service
Medical Director, MICU
Medical Director, CCU
Medical Director, PICU
Medical Director, SICU
Medical Director, TICU
Head Nurse for MICU
Head Nurse for CCU
Head Nurse for PICU
Head Nurse for TICU
Medical Director and Head Nurse for IMCU
Medical Director and Head Nurse for PACU
Representative, Anesthesia and Operative Service
Medical Director, Hemodialysis Unit
Unit Administrator, ICU
Unit Administrator, OR
Recorder (Secretary, Critical Care Medicine Service)

3. References

- a. Accreditation Manual for Hospitals.
- b. AR 40-68, Quality Assurance Administration, 20 Dec 89.

4. Responsibilities

- a. Review and standardize as much as possible, PI Plans and minutes from all Special Care Units.
- b. Evaluate effectiveness of PI effort and recommend to the appropriate medical director and/or the WRAMC Quality Outcomes Committee such changes as are deemed appropriate to assure compliance with the appropriate regulations and requirements of the JCAHO.
- c. Review and standardize Special Care Unit SOP's and policies whenever possible coordinating and simplifying inter-unit policies.
- d. Act as a consultant body on all equipment requests from Special Care units and the Operating Room to insure compatibility, uniformity, and maximum utilization of all equipment.
- e. Act as a mediating body in disagreements between physicians and nurses in all matters relating to the Special Care Unit.

- f. Act as oversight body for budgetary planning for the Special Care Units.
- g. Establish general guidelines for the operations and inter-relationships of the Special Care Units.

5. Minutes

a. Minutes will be prepared and forwarded to the WRAMC PI/RM office no later than five working days of the meeting for review by the WRAMC Quality Outcomes Committee.

b. The first page of each set of minutes shall be labeled as follows in the right lower corner if Quality Assurance Data is included:

IAW TITLE 10 U.S.C. 1102, THIS DOCUMENT, PRODUCED FOR QUALITY
ASSURANCE PURPOSES, IS PROTECTED AGAINST DISCLOSURE.
UNAUTHORIZED DISCLOSURE CARRIES A \$3000.00 FINE.

6. Office of Record

Chairman, Special Care Unit Council.

7. Frequency

Quarterly.

WRAMC Reg 40-92

The proponent agency of this publication is the office of the Director, Performance Improvement/Risk Management Office. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-MAO-PI, 6900 Georgia Avenue, N.W., Washington, DC 20307-5001.

FOR THE COMMANDER:

OFFICIAL:

A handwritten signature in black ink, appearing to read 'ERIK J. GLOVER', is written over the printed name.

ERIK J. GLOVER
Major, MS
Executive Officer

JAMES C. GREENWOOD
Colonel, MS
Deputy Commander for
Administration

DISTRIBUTION:

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